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Draft country programme document**

Angola

Summary

The Executive Director presents the draft country programme document for Angola for discussion and comments. The Executive Board is requested to approve the aggregate indicative budget of $5,537,000 from regular resources, subject to the availability of funds, and $18,400,000 in other resources, subject to the availability of specific-purpose contributions, for 2004.

* E/ICEF/2003/10.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF Extranet in October 2003, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2004.

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Basic data (2001 unless otherwise stated)	
Child population (millions, under 18 years)	7.4
U5MR (per 1,000 live births)	260
Underweight (%, moderate and severe)	31
Maternal mortality ratio (per 100,000 live births)	
Primary school attendance (% net, male/female)	53/56
Primary school children reaching grade 5 (%)	76
Use of improved drinking water sources (%)	62
Adult HIV prevalence rate (%)	5.5
Child work (%, 5-14 year-olds)	30
GNI per capita (US$)	500
One-year-olds immunized against DPT3 (%)	34
One-year-olds immunized against measles (%)	53

The situation of children and women

1. The end of the civil war in 2002 opened a new chapter in Angola's history, with unprecedented prospects to tackle the country's problems and start moving towards the fulfilment of rights and achievement of the international development goals for children and women. However, the country's recovery will take years as the war has had a devastating impact. Essential basic services are in a deep state of decay and neglect and are marked by low coverage, weak capacity and under-funding. Children and women in particular have suffered, and most indicators of their situation have shown no major improvement in decades. Angola continues to have one of the highest under-five mortality rates in the world, with 260 deaths per 1,000 live births. The majority of assistance provided by the Government, as well as through external assistance, has been of a short-term humanitarian nature. A longer-term perspective is required and is now being developed to address the structural and chronic causes of poverty and the manifestations of the situation of children and women.

2. The war led to the internal displacement of about 25 per cent of the population, the overwhelming majority of whom were children and women. This resulted in a phenomenal increase in the number of people living in urban areas (60%), which stretched capacities to provide basic services well beyond their limit. All social indicators show that rural areas are worse off. There is a pressing need to restore services and revive local economies in rural areas, while ensuring the resettlement and reintegration of some 2 million people. Mine infestation, however, continues to impede the safe return of populations to rural areas, the revival of agriculture and household food security.

3. Angola has the potential of using its significant and rising oil earnings, estimated at $6 billion in exports and over $3 billion in government revenue in 2002. However, this has not yet resulted in increased public investments in the social sectors. Between 1997 and 2001, only 4.7 and 3.3 per cent of national expenditure were on education and health, respectively, compared to 16.7 and 7.2 per cent, respectively, in Southern African Development Community countries.

4. Poor nutrition is a major cause of high levels of child morbidity and mortality, especially in areas that remained inaccessible to humanitarian agencies during the war. Worsening household poverty and food insecurity contributed to the extremely high rates of wasting among children that was reported in several areas both during the war and following the ceasefire. The 2001 multiple indicator cluster survey revealed that 45.2 per cent of children less than five years old suffered from chronic malnutrition, 31 per cent were under weight and 6.2 per cent were acutely malnourished.

5. Malaria is by far the largest single cause of child mortality. In 2001, only 2 per cent of children under five years of age were using insecticide-treated mosquito nets. HIV/AIDS is a serious threat, with a 250 per cent increase in the sero-prevalence rate of pregnant women recorded between 1999 and 2001 in Luanda. Data gaps and weak surveillance need to be addressed in order to adequately assess and monitor the situation. Extremely limited knowledge and attitudes towards HIV/AIDS are of great concern: 32 per cent of women between 15 and 49 years of age have never heard of HIV/AIDS, and only 8 per cent have adequate knowledge about HIV/AIDS transmission and prevention. From 104,000 children orphaned due to AIDS in 2001, projections indicate that this number will increase to 197,000 in 2005 and to 331,000 in 2010.

6. The other main causes of child mortality are acute respiratory infections, diarrhoeal diseases and vaccine-preventable diseases, particularly measles. In 2001, only 27 per cent of one-year-olds were fully immunized. Major progress has been made towards polio eradication and measles control, and efforts are being made to strengthen routine immunization services nationwide. Diarrhoea morbidity and mortality are due partly to inadequate access to safe water and sanitation services, particularly in rural areas where 60 per cent of households lack access to safe drinking water and 75 per cent do not use sanitary means of excreta disposal. Although there is no reliable national figure, it is estimated that the maternal mortality ratio is approximately 1,800 per 100,000 live births, one of the highest in the world.

7. Forty-four per cent of children do not attend primary school. Although there is little disparity between boys' and girls' attendance rates, girls have higher drop-out and lower completion rates. Gender disparity in terms of literacy is significant, with only 54 per cent of women over 15 years old literate, compared to 82 per cent among men. The country faces the challenge of increasing the number of children in primary school from an estimated 1.5 million in 2000 to 5 million by 2015 in order to achieve universal primary education.

8. In 2001, there were an estimated 100,000 children separated from their families. The number of orphans cared for in Angolan households is very high, with 11 per cent of all children 0-14 years old being orphans of one or both parents. Birth registration coverage remains low, with only 30 per cent of children less than five years old registered at birth despite strong Government commitment. In terms of child labour, 30 per cent of children 5 to 14 years of age are working. Although a protective legal framework and national strategy for children in need of special protection exist, too many children are deprived, abused or exploited.

Key results and lessons learned from previous cooperation, 1999-2003

Key results achieved

9. The 1999-2003 country programme was implemented during a period of intense civil conflict, followed by the abrupt end of hostilities in April 2002. From its outset, the country programme responded to several situations of acute critical need, including nutritional crises. Numerous emergency vaccination campaigns were organized, and the country's supply and pipeline of essential drugs for emergency situations were enhanced. Emergency interventions in the areas of child protection, education, water supply and sanitation were also mounted. A multisectoral programme of support was established in 2002 to meet the needs of demobilizing rebel soldiers and their families assembled in 35 areas across the country. Polio eradication is now considered to be within reach, largely attributable to the successful completion of national and subnational immunization days.

10. The country programme also supported the initiation of processes leading from emergency to transition, while promoting national ownership of programmes. A nationwide measles campaign targeting 7 million children was carried out in 2003 as the first step in rebuilding both routine immunization and primary health care (PHC) systems. Capacity-building in therapeutic and supplementary feeding is an entry point for developing more comprehensive nutrition programmes. UNICEF support to birth registration, family tracing and reunification, and psychosocial support programmes resulted in the Government adopting a national child protection strategy, which now serves as the basis for interventions in other areas, including the gross violation of child rights. Back-to-school campaigns implemented in two provinces have resulted in positive pressure and commitment towards achieving Education for All as a national priority.

Lessons learned

11. A number of lessons learned were identified during the mid-term review (MTR) of the 1999-2003 country programme. Efforts focused mainly on the provision of short-term humanitarian assistance. However, this did not lead to an increased convergence of programmes as most lines of intervention remained vertical. There were relatively few experiences in community capacity development (CCD), with the exception of collaboration with the Child Pastorate in PHC and community-based sanitation and hygiene interventions. The 2004 country programme will build on these ongoing initiatives as efforts are needed to expand CCD.

12. The MTR identified the need for increased attention by the Government and UNICEF to confront HIV/AIDS. A national HIV/AIDS strategic plan was elaborated, and a national HIV/AIDS commission was formed. Past experience showed that partnerships with Angolan youth are effective in preventing transmission. There is a recognized need to accelerate other components such as the prevention of parent-to-child transmission, voluntary testing and counselling, and identifying and providing care to those affected by HIV.

13. It was possible to initiate processes and movements to address child protection issues, rebuild health services and revitalize basic education because national ownership was fostered from the start. An appropriate mix of advocacy, capacity-

building and service delivery assisted in this effort. Notwithstanding, there is a need for UNICEF to increase its own capacity in policy analysis and development. Increased government budgeting and spending on essential services benefiting children and women is one area where the advocacy role of UNICEF needs to be enhanced.

14. The integration of emergency interventions into existing programmes rather than the creation of separate and parallel structures was a positive aspect that assisted in the country programme being responsive to numerous situations of acute need. Despite this, however, it became evident that the overall operational efficiency of the country programme could be increased. Closer synergy between programme and operational components of the country programme was needed.

The country programme, 2004

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	1 097	5 400	6 497
Basic education	800	6 000	6 800
Water, environmental sanitation and hygiene promotion	650	2 500	3 150
Child protection	750	1 500	2 250
Social policy, advocacy and communication	700	1 000	1 700
Cross-sectoral costs	1 540	2 000	3 540
Total	**5 537**	**18 400**	**23 937**

Preparation process

15. The country programme was prepared after discussion with the Ministry of Planning and Development and line ministries, which agreed on the need to extend the 1999-2003 country programme by one year to allow for national priorities and strategies to be further defined and clarified as Angola progresses through a transitional period. National and international partners were fully involved in the preparation of the country programme through a series of consultations and meetings. The conclusions drawn from the MTR will continue to be applied during the 2004 country programme.

16. The proposed programme has been elaborated taking into account the findings of the United Nations Common Country Assessment finalized in 2002, as well as ongoing discussions with the Government, United Nations agencies and partners on the post-emergency phase and transition strategies for Angola. Preparations of a United Nations Development Assistance Framework (UNDAF) are in their initial stages. Other United Nations agencies will implement a one-year country programme in 2004, and cycles between United Nations agencies in Angola will be harmonized from 2005.

Goals, key results and strategies

17. The overall goal of the country programme is to support Angola's commitment towards the realization and fulfilment of children's and women's rights. It aims to assist the Government in: (a) defining realistic targets and strategies to address the needs of children and women to be set out in national development plans and poverty reduction strategies currently being developed; and (b) revitalizing and ensuring the provision of essential basic services to benefit children and women.

18. To this end, the country programme will support national efforts to lay the foundation for decisive action to: (a) reduce infant and child mortality; (b) improve maternal health and reduce maternal mortality; (c) promote the optimal development of children up to the age of 18 years through improved care, nutrition, education, water and sanitation facilities, and hygiene; (d) prevent HIV infection and support care for those affected by HIV/AIDS; and (e) strengthen national capacities to ensure special protection for children at risk. The country programme will remain responsive to humanitarian crises, and preparedness and rapid response will continue to be incorporated into all programmes and projects.

19. The key results of the country programme will be: (a) to initiate a process of revitalizing the provision of the most essential services, creating and sustaining community-driven demand for and facilitating community-based management of these services; (b) to catalyse the process towards the goal of universal primary education by the year 2015; (c) to intensify the fight against HIV/AIDS by expanding existing partnerships with the Government, youth and civil society at large, increasing access to information and education, and continued advocacy to maintain the issue high on the list of the national priorities; and (d) to expand the development of policies and strategies to foster a protective environment for children in need of protection from violence, abuse, exploitation and discrimination.

20. The strategies of the programme of cooperation are founded on a rights-based approach to programming. The role of the family and community is considered as central in ensuring the fulfilment of children's and women's rights as building alliances with civil society. External factors such as the availability of services, systems and institutional capacity, values and beliefs, laws, political and social organization, socio-economic policies and the availability of resources at different levels may greatly influence the attainment of these rights. Therefore, the country programme will employ strategies that empower both families and communities, build the capacity of relevant national institutions, and advocate for the formulation and implementation of policies to increase the commitment of all duty bearers towards attaining the rights of children and women.

21. UNICEF support to service delivery will continue with an increased focus on interventions directly related to mortality reduction and promoting the healthy development of children and women. The country programme will aim to create a conducive environment through the development of national policies and strategies that take into account, first and foremost, the rights of children and women. At national and subnational levels, the programme will support capacity-building to improve programme planning, and technical, managerial, monitoring and evaluation skills. CCD will be employed to empower families and communities with the necessary knowledge and skills to ensure that children's and women's rights are realized.

Relationship to national priorities and UNDAF

22. In the aftermath of the war, national priorities and strategies are still being defined. The Government's poverty reduction strategy is under preparation, with the support of United Nations agencies and other partners. National strategies and plans of action for the social sectors are also under preparation. Notwithstanding, a clear priority of the Government is to support the resettlement of populations and to rebuild and revitalize essential services throughout the country, including the many areas that became accessible after the end of the civil war. The proposed country programme will support government efforts in this regard and in the areas of PHC, safe water and sanitation, basic education, birth registration, psychosocial support for children and families, and special protection measures for children in need.

23. HIV/AIDS is now high on the government agenda. Through the country programme, UNICEF will assist the Government in strategic planning to deal with this growing and alarming problem, particularly to prevent transmission among young people and from parent-to-child, as well as caring for those affected by the disease.

Relationship to international priorities

24. The country programme is based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The objectives and strategic approach of the country programme fully incorporate the five global UNICEF strategic priorities in the medium-term strategic plan for 2002-2005, and all priority areas in the Plan of Action of *A World Fit for Children*. Accordingly, particular attention will be given to girls' education, integrated early childhood development, immunization "plus", HIV/AIDS and child protection.

25. The country programme will also contribute specifically to the attainment of the following Millennium Development Goals that have been endorsed by the Government: to achieve universal primary education by 2015; to promote gender equality and the empowerment of women; to reduce child mortality by two thirds; to improve maternal health; to combat HIV/AIDS, malaria and other diseases; and to ensure environmental sustainability.

Programme components

26. **Health and nutrition**. The programme will focus on children under five years of age, pregnant and lactating women, and women of child-bearing age in order to reduce infant, child and maternal mortality. Health and nutrition as rights will be used to orient parents and families to make choices for the good health and nutrition of their children. The programme will be based on the PHC strategy and implementation of the Integrated Management of Childhood Illness (IMCI). Routine immunization will be used as the entry point in rebuilding essential health services for children and women. Regular resources will be used to support policy and systems development, strategic planning and quality assurance, while other resources will help to expand access to and the quality of these services. The programme will advocate for a minimum health and nutrition package for children and women.

27. The programme will be comprised of three projects. The child health project will expand and strengthen routine immunization, support measles control and efforts to eliminate maternal and neonatal tetanus, and maintain progress towards polio eradication. The project will also support the expansion and integration of the use of impregnated materials for malaria control into PHC interventions. Institutional and home-based management of common childhood illnesses will also be supported.

28. The reproductive health project will aim to strengthen and increase access to antenatal care, reduce risk during pregnancy using preventative intermittent treatment and promote the use of insecticide-treated nets for pregnant women. Improving access to and the quality of essential obstetric care in major maternity wards, monitoring maternal mortality through maternal mortality audits and supporting behavioural change to avoid the "three delays" (seeking, reaching and receiving care) will be the core of the safe motherhood approach. The project will also support the development and implementation of a comprehensive package to prevent mother-to-child transmission of HIV, and promote voluntary testing and counselling as both a diagnostic and preventative mechanism.

29. The nutrition project will aim to improve the nutritional status of children and women by: (a) supporting nutritional surveillance to detect groups at risk; (b) supporting participatory nutrition education that promotes a healthy and more diversified diet; (c) strengthening capacities for the referral and correct management of severely malnourished children; and (d) providing support for policy development, training, equipment and supplies for improved infant feeding, anaemia control and multi-micronutrient supplementation for pregnant women, vitamin A supplementation and reduction of iodine deficiency through salt iodization. The project will also support improving the nutritional status of HIV-infected children and women.

30. **Basic education**. This programme will promote the creation of learning opportunities for children and adolescents. Strengthening girls' education will be emphasized in support of policy development and planning, curricula development and teaching methodologies. Mobilizing the commitment of the Government and communities to increase enrolment, attendance, retention and learning achievement will be key in programme implementation. Regular resources will be used primarily to support these processes, and other resources will be used primarily to increase access to learning.

31. The access to quality education project will assist in improving data collection on educational needs and resource requirements to plan and implement gender-responsive educational interventions. The project will support the expansion and improvement of learning opportunities for the first three periods of life: under 6 years; 6 to 11 years; and over 12 years of age. Back-to school campaigns for all children in at least 45 municipalities will be implemented. Teacher training on life skills and use of gender-sensitive techniques will be supported, as will the provision of basic teaching and learning material, teacher supervision and community participation in school management.

32. The adolescent learning project will focus on providing life skills education for adolescents, many of whom are out of school. Particular emphasis will be given towards preventing the transmission of HIV and sexually transmitted infections (STIs) using peer-to-peer education. The project will build on the past experience of

UNICEF-supported peace and life skills education projects and ongoing partnerships with youth groups. Peer educators will be identified and supported to lead small learning groups and to raise awareness of children's and youth rights, HIV and STI prevention, and other life skills.

33. **Water, environmental sanitation and hygiene promotion (WESH)**. This programme will support morbidity and mortality reduction, and promote children's education through improved water, sanitation and hygiene promotion in schools and within communities. Regular resources will be used to support policy development, and other resources to support an increase in coverage of WESH services.

34. The policy development and planning project will support the Government in developing strategies for the implementation of the recently approved water law. Specifically, assistance will be provided in the following areas: (a) coverage and quality of services; (b) cost recovery, operations and maintenance of systems; (c) introduction and testing of new and appropriate technologies; (d) community participation and social mobilization; and (e) institutional development, environmental protection and intersectoral coordination. UNICEF will support the Government in developing standards, regulations and guidelines, and by establishing a database for the sector.

35. The rural and peri-urban WESH project will aim to increase coverage of safe water supply and environmental sanitation. The project will support provincial water directorates to plan, manage and monitor implementation of WESH projects, supported by a community mobilization component. Rural water supply and sanitation in schools will be prioritized. Peri-urban interventions will be supported in the cities of Luanda, Benguela, Lubango and Huambo.

36. **Child protection**. This programme will promote the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women, and the African Charter for the Rights and Well-being of Children as the framework for dialogue, planning and advocacy with all key partners. The programme aims to support the strengthening of protection mechanisms to promote child rights and increased quality of services by improving legislation, policies and strategies to address the effects of conflict on children, gross violations of child rights, and the impact of HIV/AIDS and landmines on children. Regular resources will be used primarily to support policy development and reform, while other resources will be used to support the provision and expansion of services.

37. Under the legal reform and policy development project, UNICEF will assist in the process to harmonize national child legislation with the Convention on the Rights of the Child and other relevant human rights instruments by compiling, reviewing and identifying gaps in existing legislation, and proposing legal reform initiatives. The project will also support the formulation and adoption of relevant policies to strengthen the realization of child rights in Angola, building on national policies for birth registration, separated children, and orphans and children made vulnerable due to HIV/AIDS that were developed with past UNICEF support.

38. The special protection measures project will expand and improve the quality of services to ensure children's access to a national identity through birth registration and to foster a protective environment for children through family reunification, reintegration and psychosocial support for children affected by war. This project will provide training and technical assistance to the Government and partners of child

protection networks to assist them in catalysing participatory processes aimed at strengthening family and community systems for the care and protection of children. The project will work to identify mechanisms to address the rights and needs of orphans and other children made vulnerable due to HIV/AIDS, and to monitor, report and follow up on cases of child abuse, violence, exploitation and discrimination.

39. The mine risk education project will support the Government in developing and implementing a national mine risk education strategy. Technical assistance, institutional capacity-building and educational materials will be provided. Teacher training on mine risk education will continue to be supported. Within the framework of the national strategy, support will also be provided for non-governmental organizations (NGOs) active in this area.

40. **Social policy, advocacy and communication**. The programme will consist of two cross-sectoral projects. The policy analysis, monitoring and evaluation project will support the planning, monitoring and evaluation of the country programme. Social policy analysis and guidance will be provided to the Government in the development of national, subnational and sectoral plans and approaches to alleviate poverty and fulfil the rights of children and women. In this regard, the project will also support the collection and analysis of data to monitor the situation of children and women.

41. The advocacy and communication project aims to strengthen the communication component of all programmes and to develop common communication strategies to address priorities. Emphasis will be given to developing effective interpersonal communication strategies at the community level. Mass programme communication methods will also be supported. UNICEF alliance with journalists will be strengthened as the start of a process of creating a group of professional advocates of children's and women's rights. The project will enable UNICEF to maintain its position as the most reliable source of information on children's and women's issues in Angola, both nationally and internationally. Advocacy opportunities and media channels will be used to encourage and mobilize the commitment of policy makers and decision makers towards the attainment of children's and women's rights.

42. **Cross-sectoral costs**. These costs will cover management and support of the overall country programme, including programme planning and coordination. Cross-sectoral costs, such as staff in operations and recurrent expenses of seven field offices, as well as some costs incurred by the UNICEF Luanda office related to supply, logistics, administration and finance, will be included in this category.

Major partnerships

43. The development of UNDAF will strengthen partnerships between UNICEF and other United Nations agencies in the country by identifying common priorities and mutually reinforcing courses of action. UNICEF will continue to lead or participate in sectoral working groups on HIV/AIDS, health, nutrition, education, water and sanitation, and protection. This collaboration will assist the country programme in identifying needs and gaps, and defining relevant strategies and activities in key sectors. Partnership with the World Health Organization on HIV/AIDS, immunization, malaria control and IMCI will be maintained. Increased

collaboration with the United Nations Development Programme on monitoring progress towards the Millennium Development Goals, poverty monitoring, budget and expenditure analysis will be sought.

44. The Government and UNICEF will continue to build and strengthen their longstanding partnerships with NGOs and churches. Such partnerships will be vital in strengthening the CCD component of the country programme. The media will be an important ally of UNICEF in mobilizing public opinion and the commitment of decision makers towards the fulfilment of children's and women's rights.

45. Several donor Governments have been major partners of UNICEF in Angola over the past several years, including the Governments of Sweden, Canada, Norway, the United Kingdom, the United States, Italy, Holland, Denmark, Germany, Ireland, Finland and Japan, as well as the European Commission. In the past, through these partnerships, significant additional funding was secured in pursuit of country programme goals and programme objectives through the Consolidated Appeal Process. Although the position of UNICEF Angola's major donors is not entirely clear in post-conflict Angola, significant funding support to the country programme will be sought and is expected to continue.

46. An emerging partner will be the World Bank, which recently re-established operations in Angola. A number of projects in the social sectors will be prepared. A programme to support the demobilization and reintegration of populations has recently been initiated. A major operation to assist the Government in its fight against HIV/AIDS is also foreseen.

Monitoring, evaluation and programme management

47. The Ministry of Planning is responsible for coordination of the country programme. The Ministry will ensure the cooperation of different line ministries concerned with implementation of the country programme. Annual plans of action for each project will be prepared jointly by the relevant ministry or department and UNICEF. The Government and UNICEF will conduct a joint annual review of all country programme components. United Nations agencies, NGOs and donors will be invited to participate in these reviews.

48. The existing Integrated Monitoring and Evaluation Plan (IMEP) will be updated and used as the framework for monitoring and evaluating sectoral programmes, as well as the overall country programme. The IMEP for sectoral programmes will include impact objectives and indicators at the programme level, as well as performance and coverage objectives and indicators at project levels. Country programme monitoring will be facilitated by regular reporting from field offices, frequent field visits and specific surveys. Efforts will be made to strengthen the evaluation function, and several evaluations and formative assessments of ongoing projects will be completed.